



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

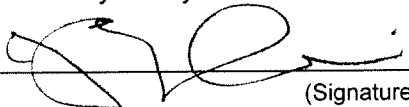
## LOBBYIST REGISTRATION FORM

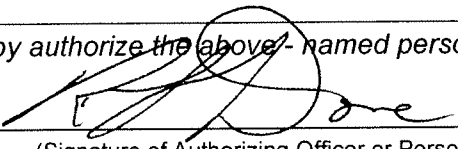
(Type or Print Clearly)

|   |         |            |           |
|---|---------|------------|-----------|
| <b>PART I LOBBYIST</b>  |         |            |           |
| NAME (Last)   | (First) | (Middle)   | TELEPHONE |
| Kobayashi   | Joy     | K.         | 524-4155  |
| MAILING ADDRESS (Street)  |         |            | FAX       |
| 1000 Bishop St., # 902  |         |            | 524-0573  |
| (City)  | (State) | (Zip Code) |           |
| Honolulu  | HI      | 96813      |           |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |         |            | TELEPHONE |
| Advocates   |         |            | same      |
| MAILING ADDRESS (Street)  |         |            | FAX       |
| same  |         |            |           |
| (City)  | (State) | (Zip Code) |           |
|   |         |            |           |

|  |         |            |
|--|---------|------------|
| <b>PART II ORGANIZATION</b>  |         |            |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         | TELEPHONE  |
| Hawaii Employers Mutual Insurance Co.  |         | 524-3642   |
| MAILING ADDRESS (Street)   |         | FAX        |
| 1001 Bishop St., # 1000 Pauahi Tower   |         | 522-5510   |
| (City)   | (State) | (Zip Code) |
| Honolulu   | HI      | 96813      |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |         | TELEPHONE  |
| Robert Dove  |         | same       |
| MAILING ADDRESS (Street)   |         | FAX        |
| same   |         | same       |
| (City)   | (State) | (Zip Code) |
| same   |         |            |

| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY    |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development                              |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation  |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other: (indicate below)<br><u>Insurance</u><br><u>Issues</u> |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |  |

| PART IV CERTIFICATION OF LOBBYIST  |        |
|--|--------|
| I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. |        |
|                             |        |
| (Signature of Lobbyist)  | (Date) |

| PART V AUTHORIZATION TO LOBBY  |               |   |
|--|---------------|---|
| NAME<br>Robert Dove  |               | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED<br>President |
| NAME OF ORGANIZATION (if applicable)<br>Hawaii Employers Mutual Insurance Co.                            |               | TELEPHONE<br>524-3642   |
| MAILING ADDRESS (Street)<br>1001 Bishop St., # 1000 Pauahi Tower   |               | FAX<br>522-5510   |
| (City)<br>Honolulu   | (State)<br>HI | (Zip Code)<br>96813   |
| I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. |               |   |
|                       |               | <u>1/9/07</u>   |
| (Signature of Authorizing Officer or Person Represented)   |               | (Date)  |